## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003

4459-01649USI

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			30		, .			RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			30 minus 20=		* 10			X\$ 9=		OR	X\$18=	180	
INDEPENDENT CLAIMS			3 minus 3 =		0			X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2		TOTAL		OR	TOTAL	950	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY OR			OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVICE PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CL 4144	=		X43=		OR	X86=		
L.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= .		X43=		OR	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											· ·	
								+145=		OR	+290=	•	
								TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE	·	
		(Column 1)		٠			* .	·					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	.	Ī			
* 14	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	<u>·</u>	
the Make William and Mirror Description in David Ford INCTO CDA CE 12 - 14 - 16 - 16 - 16 - 16 - 16 - 16 - 16								TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE	·	
		ber Previously Paid					r foun	d in the appr	opriate box	in colu	ımn 1.	j	